

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SMALL BUSINESS INNOVATION RESEARCH PROGRAM

PHASE I PROPOSAL COVER SHEET

Solicitation No. PHS 97-1

TOPIC NO.	PROJECT TITLE	FAST TRACK PROPOSAL <input type="checkbox"/> YES <input type="checkbox"/> NO
SUBMITTED BY (<i>Firm name, address, and telephone number</i>)		YEAR FIRM FOUNDED
		NO. OF EMPLOYEES (<i>Include all affiliates</i>)

NOTICE TO OFFERORS

The offeror organization and the principal investigator are jointly responsible for the accuracy and validity of all the administrative, fiscal, and scientific information in the proposal. Deliberate withholding, falsification, or misrepresentation of information could result in a determination of non-responsibility [FAR 9.104-1(d)] which would preclude an award to the offeror. In addition, sanctions such as suspension, debarment, and criminal penalties could apply.

CERTIFICATIONS

YES NO

- | | | |
|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The above organization certifies that it is a small business concern as defined in this Solicitation. |
| <input type="checkbox"/> | <input type="checkbox"/> | *2. The above organization certifies that it is a socially and economically disadvantaged small business concern as defined in this Solicitation. |
| <input type="checkbox"/> | <input type="checkbox"/> | *3. The above organization certifies that it is a women-owned small business concern as defined in this Solicitation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The above organization certifies that, if this proposal results in a contract award, more than one-half of the principal investigator's time will be spent in the employ of the firm. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The above organization certifies, pursuant to FAR 52.223-5, incorporated in this Solicitation, that it will maintain a drug-free workplace. (This certification applies only to "individuals" as defined in this Solicitation.) |
| * Capture of this information is strictly for statistical purpose. | | |

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The above organization and/or principal investigator has submitted contract proposals or grant applications for essentially equivalent work (as defined in this Solicitation) under other federal programs, or has received other federal awards containing a significant amount of essentially equivalent work. (If YES, include for this group the same information required for the "Current Awards and Pending Proposals/Applications" portion of the proposal. <i>See instructions in Solicitation.</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. If this proposal does not result in an award, is the Government permitted to disclose the title and abstract of your research project, and the name, address and telephone number of the corporate official of your firm, to organizations that may be interested in contacting you for further information or possible investment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. This proposed project involves human subjects. (<i>See instructions in Solicitation</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. This proposed project involves vertebrate animals. (<i>See instructions in Solicitation</i>) If YES, identify by common names and circle primates. _____ |

NOTICE OF PROPRIETARY INFORMATION

The information identified by astericks (*) on pages _____ of this proposal constitutes trade secrets or information that is commercial or financial and confidential or privileged. It is furnished to the Government in confidence with the understanding that such information shall be used or disclosed only for evaluation of this proposal; provided that, if a contract is awarded as a result of or in connection with the submission of this proposal, the Government shall have the right to use or disclose information herein to the extent provided by law. This restriction does not limit the Government's right to use the information if it is obtained without restriction from another source.

PRINCIPAL INVESTIGATOR/PROJECT MANAGER		CORPORATE OFFICIAL	
NAME		NAME	
SIGNATURE	DATE	SIGNATURE	DATE
TITLE		TITLE	
PHONE : ()		PHONE : ()	
FAX : ()		FAX : ()	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

ABSTRACT OF RESEARCH PLAN

NAME, ADDRESS AND TELEPHONE NUMBER OF OFFEROR ORGANIZATION

TITLE OF PROJECT

KEY PERSONNEL ENGAGED ON PROJECT		
NAME	POSITION TITLE	ORGANIZATION

ABSTRACT OF RESEARCH PLAN: State the proposal's broad, long-term objectives and specific aims, making reference to the health-relatedness of the project. Describe concisely the research design and methods for achieving these goals and discuss the potential of the research for technological innovation. Summarize the results that are expected in Phase I. Avoid summaries of past accomplishments and the use of the first person. This abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the proposal. If the proposal is funded, this description, as is, will become public information. **Therefore, do not include proprietary or confidential information.** DO NOT EXCEED 200 WORDS.

Provide keywords (8 maximum) to identify the research or technology.

Provide a brief summary of the potential commercial applications of the research.